


All Items Underlined In Red Must Be Completed

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR Building Permit Application To Construct, Repair, Renovate Or Demolish a <u>One- or Two-Family Dwelling</u>	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>			
This Section For Official Use Only					
Building Permit Number: _____		Date Applied: _____			
_____ Building Official (Print Name) Signature Date					
SECTION 1: SITE INFORMATION					
<u>1.1 Property Address:</u>		1.2 Assessors Map & Parcel Numbers			
1.1a Is this an accepted street? yes _____ no _____		Map Number _____ Parcel Number _____			
1.3 Zoning Information:		1.4 Property Dimensions:			
Zoning District _____ Proposed Use _____		Lot Area (sq ft) _____ Frontage (ft) _____			
1.5 Building Setbacks (ft)					
Front Yard		Side Yards			
Required	Provided	Required			
_____	_____	Provided			
_____	_____	Required			
_____	_____	Provided			
_____	_____	Required			
_____	_____	Provided			
1.6 Water Supply: (M.G.L c. 40, §54)		1.7 Flood Zone Information:			
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>			
		1.8 Sewage Disposal System:			
		Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>			
<u>SECTION 2: PROPERTY OWNERSHIP¹</u>					
2.1 <u>Owner¹ of Record:</u>					
<u>Name (Print)</u> _____		<u>City, State, ZIP</u> _____			
<u>No. and Street</u> _____		<u>Mobile Phone</u> _____ <u>Email Address</u> _____			
<u>Address for Service if Different</u> _____					
<u>SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)</u>					
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/> Specify: _____		
<u>Brief Description of Proposed Work²:</u>					

SECTION 4: ESTIMATED CONSTRUCTION COSTS					
Item	<u>Estimated Costs:</u> (Labor and Materials)	Official Use Only			
<u>1. Building</u>	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____			
2. Electrical	\$ XXXXXX				
3. Plumbing	\$ XXXXXX				
4. Mechanical (HVAC)	\$ XXXXXX				
5. Mechanical (Fire Suppression)	\$ XXXXXX				
<u>6. Total Project Cost:</u>	\$ _____				

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Mobile Phone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Mobile Phone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ☐ No ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize _____
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) _____

Habitable room count _____

Number of fireplaces _____

Number of bedrooms _____

Number of bathrooms _____

Number of half/baths _____

Type of heating system _____

Number of decks/ porches _____

Type of cooling system _____

Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Name (Business/Organizational/Individual): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:	Type of project (required):
1. I am an employer with _____ employees (full and/or part time)*	7. New construction
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]	8. Remodeling
3. I am a homeowner doing all work myself. [No workers' comp. insurance required]†	9. Demolition
4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.	10. Building addition
5. I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡	11. Electrical repairs or additions
6. We are a corporation and its officers have exercised their right of exemption per MGL. c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]	12. Plumbing repairs or additions
	13. Roof Repairs
	14. Other

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

†Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL. c. 152, §25A is a criminal violation punishable by a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct, and that clicking this checkbox and typing my name in the field below will act as my signature.

Name: _____ Date: _____

Phone #: _____ Email: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Revised 7-2013



Town of Arlington
Inspectional Services Department
23 Maple Street
Arlington, MA 02476
781-316-3390

Inspectionalservices@town.arlington.ma.us

APPLICATION FOR DUMPSTER / POD PERMIT

To be filled out by Applicant:

Date: _____

Fee Required \$24.00

Name: _____

Location: _____

Telephone Number: _____

Dumpster/Pod Location: _____

Email: _____

 _____

Michael Ciampa
Interim Director of Inspectional Services

Cc: Juliann Flaherty, Chief of Police

Please Note:

Vehicles must be removed during snow emergencies



Town of Arlington

Inspectional Services

23 Maple Street
Arlington, MA 02476
781-316-3390

AFFIDAVIT FOR FINAL COST OF CONSTRUCTION

PROJECT ADDRESS: _____

In accordance with the provisions of the Massachusetts State Building Code, Section 109, the total estimated costs of construction including all related construction costs* of the building located at:

amounts to: _____

I, _____, being the person referred to as the owner/payer identified below, do solemnly swear that the statements made herein are strictly true, correct, and made in good faith.

*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including demolition, plumbing, heating, electrical, air conditioning, painting, carpeting, sprinklers, elevators, site improvements, etc. Furnishings and portable equipment are not part of the total construction cost.

Signature of Owner/Payer

_____ Date: _____ 20____

Then personally appeared the above named and made oath that the above statement is true.

Before Me, _____

Notary Public _____

Office Use:

Final Cost: _____

Original Estimate Cost: _____

Cost Difference: _____

Additional Fee Required: _____

To amend fee under permit# _____



TOWN OF ARLINGTON
Department of Public Works
51 Grove Street
Arlington, Massachusetts 02476
Office (781) 316-3320 Fax (781) 316-3281

Department of Public Work
Requirements for work associated with
Home Construction, Renovations and Yard Landscaping

- ☒ **Sidewalk Cross-over Permit:** Required for access of any equipment required to cross over sidewalk in order to gain access to lot. To include the following:
- Dumpsters
 - Delivery Trucks
 - Concrete Trucks
 - Dump Trucks
 - Excavation and Landscaping Equipment
(generally anything larger than a commercial lawn mower)
- ☒ **Sidewalk Occupancy Permit:** Required for work within or over sidewalk or for work that will prevent pedestrian accessibility on sidewalk. Permit required and sidewalk closed signs required.
- ☒ **Erosion & Sediment Control:** Required when there is a potential for soil erosion. Any open excavation or loose soil creates a potential for soil erosion and transport of sediment during rain. Applicants shall maintain as needed.
- | | |
|---|---|
| When: before construction begins
<i>Including:</i> | What: |
| <ul style="list-style-type: none">• Excavation/landscaping that will strip or remove top soil/lawn• Storage of soil/dirt | <ul style="list-style-type: none">• Silt Fence• Straw Waddle• Compost tubes• Straw bales |

Erosion control is required to be installed prior to construction and maintained and cleaned as needed until the potential for erosion has been removed. This is the responsibility of the applicant and/or project proponent.

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Street Excavations & Utility Work:

Any contractor working within the Town Right of Way shall be approved by the Select Board and Engineering Division as a Licensed Approved Contractor. All work shall be in conformance with Town of Arlington Street Occupancy & Trench Regulations, Town Sewer, Water & Drain Regulations and Specifications, Arlington Engineering Division Standard Construction Details, OSHA and Massachusetts Excavation and Trench Safety requirements and DigSafe notifications.